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PROGRAM MEMO

TO: AREA AGENCIES ON AGING DIRECTORS	NO.: PM 04-16 (P)
SUBJECT: CMS Client Satisfaction Survey for SHIP-HICAP	DATE ISSUED: July 29, 2004
REVISED N/A	EXPIRES: June 30, 2005
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PROGRAMS AFFECTED: <input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-D <input type="checkbox"/> Title III-E <input type="checkbox"/> Title V <input type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input checked="" type="checkbox"/> HICAP <input type="checkbox"/> Other: _____	
REASON FOR PROGRAM MEMO: <input type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Specify: New federal grant requirement.	
INQUIRIES SHOULD BE DIRECTED TO: Sharron Watts, HICAP Program Specialist, (916) 323-0182 e-mail address: swatts@aging.ca.gov	

The purpose of this Program Memo is to transmit to Health Insurance Counseling and Advocacy Program (HICAP) providers, via Area Agencies on Aging, a required Centers for Medicare and Medicaid Services (CMS) **Consumer Satisfaction Survey** to be completed by a sample of HICAP clients during one or more two-week periods within the State Fiscal Year. This transmittal includes instructions for implementing this survey.

Background

The Medicare Modernization Act (MMA) of 2003 includes the most sweeping changes to Medicare since its inception in 1964. CMS is responsible for the implementation of the new Act's provisions. These provisions include the Medicare-Approved Prescription Drug Discount Card and Transitional Assistance Program (providing low-income beneficiaries with a \$600 annual prescription drug credit, up until Medicare Part D starts in 2006). The national State Health Insurance Assistance Program (SHIP) is sponsored by CMS and provides assistance with the Medicare-Approved Discount Card. HICAP is a member of the national SHIP services (acronyms SHIP and HICAP can be used interchangeably).



Overview

The CMS Consumer Satisfaction Survey is designed to: 1) gather information on the quality and scope of the services that HICAP provides; and 2) acquire first-hand information about beneficiary experience with the Medicare-Approved Prescription Drug Discount Card and Transitional Assistance Programs. The information from this survey will be used by CMS to report nationally on the SHIP services at this critical time in the implementation of the MMA. CMS is specifically looking to identify current Medicare issues, counselor training needs, and identifying beneficiary clients willing to speak to Medicare directly concerning issues and improvements, or who may need additional assistance from Medicare or SHIP.

The survey must sample consumers in a two-week period in August, and then repeat the sampling in other two-week periods within the year. The specific second period of time is to be determined later. You will receive prior notice by e-mail of the following repeat dates. This survey is not meant to replace any pre-existing HICAP client satisfaction surveys. HICAP providers may use this survey for the two-week interval in place of the local survey, in conjunction with the local survey, or this survey's questions may be integrated in an existing client satisfaction tool. That decision is left to each HICAP Program Manager. However, if the surveys are integrated, you **must** include all the questions and signature blocks as described in the CMS document so that the content coverage is the same.

Timeline

This survey is being distributed prior to August 1, 2004, to allow time to prepare for conducting the survey in the two-week period August 9-20, 2004. All completed surveys should be collected by the provider in one set and sent directly to the California Department of Aging (CDA) by August 23, 2004. CDA has until August 27, 2004, to process and send this information to CMS. The other two-week sampling periods will be determined at a later date.

Survey Instructions

For a two-week period between August 9 and August 20, every client requesting HICAP services in that period will be given the opportunity to complete the survey. The survey is itself voluntary, but each client shall be given a survey and the opportunity to complete it. Questions 1 through 3 are related to all SHIP/HICAP services. Questions 4 through 6 pertain to the MMA Drug Discount Card only. Questions 7 and 8 provide **authorization** for HICAP and CMS to return contact with the respondent and to follow-up on the survey results at a later time. The surveys may be completed and reported with or without the name or signature of the respondent, but those surveys without a name and signature will not be authorizing a follow-up contact. We encourage that at least 20 percent of the surveys include such authorization, if possible.

Vignette and Quote Instructions

For clients who are being assisted with the Medicare-Approved Discount Card, HICAP providers are asked to provide at least one vignette. The vignette is a more detailed factual description of an actual service situation, sans the client's name and other identifying information. The vignettes will be completed by the provider and sent along with the returned surveys. All vignettes must contain the

beneficiary's age, city and state, and amount of savings on prescription drug costs after using a Medicare-Approved Discount Card and/or Transitional Assistance (\$600 annual credit).

Complete at least one vignette on a separate piece of paper and attach it to the respective survey, then submit both with the other completed surveys. You may submit more than one vignette, but no less than one. Include a client's comment or quote.

Vignette Sample

"Mary is an 82 year old Medicare beneficiary from Indianapolis, Indiana. Mary is a low-income individual, earning below the federal poverty level. She is taking several medications, and she came to the (insert agency name) HICAP for assistance in reducing her prescription costs. The HICAP Counselor used the Prescription Drugs and Other Assistance Programs (PDAP) at www.Medicare.gov and found that Mary was also eligible for Transitional Assistance and counseled her on the cards that offered the most savings at the pharmacy she preferred. During the first six months of 2004, Mary spent \$657 per month on her prescriptions. Mary has used her Medicare Approved Drug Discount Card and her Transitional Assistance for the past two months, and has already seen a savings of \$666 overall. Mary stated: "I am thankful for the assistance provided by the HICAP in finding a card and for helping me sign up for the transitional assistance credit. This has helped me a lot."

Note in the above sample that an exact quote from the consumer is included in the vignette. After all surveys have been completed and collected, and no later than **August 23**, batch all completed surveys and any vignettes, in one package and mail to:

California Department of Aging
CMS Sat Surveys c/o Sharron Watts
HICAP Team
1600 K Street
Sacramento, CA 95814-4020

Questions may be directed to Sharron Watts, HICAP Program Specialist, at the above contact number and e-mail address.

Original Signed by Lora Connolly for

Lynda Terry
Director